



RE-ROOF PRE-INSPECTION

REQUESTED BY: _____ PHONE: _____

JOB ADDRESS: _____

ROOF ACCESS LOCATION: _____

DATE REQUESTED _____ REQUESTED TIME _____

TYPE OF EXISTING ROOF _____

General Condition of Roof	<input type="checkbox"/> FAIR	<input type="checkbox"/> BAD
Blisters	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cracks	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there Evidence of Water Ponding	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is Moisture Present	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of Roof Deck	<input type="checkbox"/> Combustible	<input type="checkbox"/> Noncombustible
Slope of Work Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Plumbing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electrical	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mechanical	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Slope of Roof Deck	: _____	
Distance to Property Line on All Sides More than 10ft	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Building Size	<input type="checkbox"/> ≤ 3000 sq ft	<input type="checkbox"/> ≤ 6000 sq ft
	<input type="checkbox"/> ≤ 2 Stories	
Minimum Class of Roof Required	<input type="checkbox"/> A	<input type="checkbox"/> B <input type="checkbox"/> C
Roof Drains	Other <input type="checkbox"/> Required	<input type="checkbox"/> Adequate
Overflow Drains	<input type="checkbox"/> Required	<input type="checkbox"/> Adequate
Roof insulation Existing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Roof Insulation Wet	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attic Ventilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Provided <input type="checkbox"/> YES	<input type="checkbox"/> NO
	Required <input type="checkbox"/> YES	<input type="checkbox"/> NO
	Adequate <input type="checkbox"/> YES	<input type="checkbox"/> NO
Listing	Provided <input type="checkbox"/> YES	<input type="checkbox"/> NO
	Required <input type="checkbox"/> YES	<input type="checkbox"/> NO
Installation Instructions	Provided <input type="checkbox"/> YES	<input type="checkbox"/> NO
	Required <input type="checkbox"/> YES	<input type="checkbox"/> NO

To re-roof this structure the following conditions must be met: _____

The re-roof proposal is approved for permit issuance
if the conditions listed above are met ☐ YES ☐ NO

After obtaining your permit you must contact the Building Department for an inspection when the roof deck is ready for inspection. The first inspection for a complete tear off is the deck inspection, for a built-up roofing system (overlay) is an inspection at the start of the job. The inspection request phone number is 503-681-6244. For the inspection request line provide your permit number, type of inspection requested, and you may leave your phone number, a time of day (am or pm) and a message for the inspector if you like.

MAIL PERMIT TO APPLICANT ☐ YES ☐ NO

Inspected By _____ Date _____